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**IF YOU ARE USING A PUBLIC ACCESS
COMPUTER, (I.E., PUBLIC LIBRARY, ETC.)
BE CERTAIN YOU DRAG THIS FORM TO THE TRASH CAN
AND EMPTY THE TRASH WHEN FINISHED.**

**THIS WILL PREVENT UNAUTHORIZED
ACCESS TO PERSONAL INFORMATION SUCH AS
YOUR NAME, HOME ADDRESS, AND
SOCIAL SECURITY NUMBER.**



DISABILITY RETIREMENT APPLICATION CHECKLIST

In Connection With Disability Retirement Under the Federal Employees' Retirement System

Form Approved:
OMB No. 3206-0171

To Be Completed by Employing Office

1. Applicant's Name (Last, first, middle)		2. Date of Birth (mo, day, yr.)		3. Social Security Number	
4. Will Employee Remain in Duty Status?					
<input type="checkbox"/> Yes		4a. Date Pay Stopped or Will Stop			
<input type="checkbox"/> No: Give _____					
5. Has employee ever received or made application for compensation from the Veterans Administration?					
<input type="checkbox"/> Yes: Give		5b. Claim Number		5b. Period for which compensation was received	
<input type="checkbox"/> No _____				From (mo., day, yr.) To (mo., day, yr.)	
6. Has employee made application for disability benefits from the Social security Administration?					
		Application Receipt or Award notice Attached			
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Are the following documents attached? (Indicate by "X" for each)				Yes	No
a. SF 3105A, Applicant's Statement of Disability					Not Applicable
b. SF 3105B, Supervisor's Statement					
▪ Employee's Performance Standards					
▪ Employee's Position Description					
▪ Supporting Documentation Regarding Employee's Performance					
▪ Supporting Documentation Regarding Employee's Leave Use					
▪ Supporting Documentation Regarding Employee's Conduct					
c. SF 3105D, Agency Certification of Reassignment and Accommodation Efforts					
▪ Supporting Documentation of Agency's Accommodation Efforts					
▪ Supporting Documentation of Employee's Non-Selection or Reassignment					
d. SF 3105C, Physician's Statement (or equivalent)					
e. Agency Report of Federal Medical Examination (if on was made)					
8. On Supervisor's Statement (SF 3105B), is Section B, item 4, answered "Yes"?					
<input type="checkbox"/> No					
<input type="checkbox"/> Yes: Attach (1) A copy of the employee's performance appraisal covering employee's service prior to the date shown in Section B, item 5, of the Supervisor's Statement, AND					
(2) A copy of the performance appraisal covering service after that date, if available.					
9. If employee is temporarily at an address other than the one given on SF 3107, Section A (such as hospital, nursing home, or with a relative), enter address, including ZIP Code.				10. If employee is unable to act on his or her own behalf, give name and address of person acting for him or her. (Include copy of court appointment of guardian or conservator, if applicable.)	
11. List any documents attached which are not listed in item 7 above, or other information regarding this applicant.					

Agency Certification

12. Is SF 3107, Application for Immediate Retirement, attached?		<input type="checkbox"/> Yes <input type="checkbox"/> No	14e. Full Agency name and Address (Including ZIP Code)
13. Do available records show that the above named employee, a member of the Federal Employees' Retirement System, has at least 18 months of civilian service?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. I CERTIFY that the information shown above accurately reflects verified information in official records.			
14a. Signature of Chief Personnel Officer or Designee			
14b. Official Title			15. Agency Office to Be Notified of Federal Employees' Retirement System's Determination (Include specific official to receive notice and telephone number, including area code)
14c. Telephone Number (Including area code)			
14d. Date			
<input type="checkbox"/> Check here if address is same as 14e.			